

CHAPLAINS' FUND VOUCHER For use of this form, see DA PAM 165-18; the proponent agency is CCH		1. VOUCHER NUMBER
2. NAME OF FUND		3. DATE (YYYYMMDD)
4. PURPOSE		
5. AUTHORITY		
6a. DESCRIPTION		6b. AMOUNTS
6c. TOTAL AMOUNT		
7. PAID BY CHECK NO: DATED:	8. AUTHORIZED FOR (Check one) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> DISBURSEMENT <input type="checkbox"/> RECEIPT </div>	
9a. PRINTED NAME OF FUND MANAGER	9b. SIGNATURE OF FUND MANAGER	